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How Can We Help to Improve our Teaching in Nursing Schools?

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At first sight it would seem to be a rather useless task to suggest methods of improving our teaching work now, when hospitals are struggling with so many new problems, due to the war, and nursing schools are disorganized by the loss of so many supervisors, teachers, and lecturers, both from the nursing and medical staffs. The schools might well feel that if they only manage to keep up to their old standards of work and keep going till the war is over, they might perhaps be satisfied that they had done all they could.

But there is another side of the question. The war, which has uprooted so many cherished traditions and forced us to change so many of our old ideas in other fields, has also brought a great change to nursing which we are not yet entirely aware of. New problems are being flung at us, new avenues are opening out to us, new blood is flowing into our ranks, and altogether we begin to see the signs of a new era coming. It would be disastrous if we should be content to lapse back into the old condition of things after this tremendous quickening which has come to

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us through the war. Now, when things are in a state of flux, is the time to move; and if we do not get started along the right lines for the future before things settle down again, we may lose our chance for many years to come. Then, too, it is a splendid time for trying out new experiments, for some changes have to be made anyway, and there is always a chance that the change may be for the better. Already there have been several changes which have been forced by the war and which have brought excellent results, offering promising suggestions for future development.

But even if we make no radical changes in our system as such, there are still many improvements which we can make in our teaching right now. The first essential is that we should realize quite clearly what we are trying to accomplish through our teaching. I suppose we would all agree that the aim of a nursing school should be to train good nurses, but our conception of what goes to make a good nurse is different today from what it was a few years ago. We used to be quite satisfied if nurses were able to handle their duties in the hospital pretty satisfactorily, and if they made good with patients and doctors in private duty. But now there are so many new fields to prepare them for and so many new demands to meet, where an amiable disposition and a fair degree of technical skill is not enough, where they need a sound background of scientific knowledge and a capacity for independent judgment and independent action as well.

The country is calling for many more nurses of this type, and in some way the training schools must supply them. The "good nurse" of today, especially in the newer fields of nursing, must be ready not only to follow orders, but to make her own plans and carry them out; not only to take good care of sick people, but to teach them how to prevent sickness; not only to serve the individual, but to serve the public and the community. This means a change in our courses of study and in the whole scope and method of our teaching.

There are three sides to our work, which the teacher and trainer of nurses must keep in mind. First, there is the theoretical side, supplying us with the principles which explain and guide and safeguard our practise. This body of knowledge is drawn largely from the field of science, so we are coming to speak of Nursing as a Science, or a field of Applied Science. Second, we have the practical side, or the technic, of nursing, which provides for the development of skill—not only manual skill, but skill in observation, in management, and in the handling of people. This is what we mean when we speak of the Art of Nursing. The third side is not less important. It may be called the moral side or the ethical side, but I prefer to call it the Spirit of Nursing. It is that attitude or feeling which the true nurse has for her work, which provides the motive power, the ideals of service, the inspiration and the morale, which are so vital to all good nursing.

It may be helpful for us to visualize this threefold aim as a triangle, with three equal sides, represented by the three S's—Science, Skill, and

Spirit; or, if we like better, the three H's, representing the training of the Head, the Hand, and the Heart. Any training which neglects or over-emphasizes any one of these, at the expense of the others, is bound to be weak. The old religious orders were strong in the Spirit of Nursing, but weak both in the Science and Art of Nursing. The training of recent years has been rather over-weighted on the side of practical work, and has suffered from the neglect of the theoretical side, without which our work is in danger of becoming mechanical, superficial, and unprogressive.

The first suggestion, then, for improving our teaching, is that we must steadily build up and strengthen the body of knowledge from which we draw our nursing principles. Science, and especially medical science, has been forging ahead in the last few years; and we will have to have our work well rooted here and keep in touch with new developments, or we are going to find ourselves far outdistanced by other workers in this field. It is particularly important that our students should be soundly informed on all the newer phases of preventive medicine, since we are swinging so rapidly over in that direction. The Social Sciences are also offering a great deal which is of service to nurses in the newer fields, and, indeed, in all branches of nursing. The *Standard Curriculum*, which has recently been published by the education committee of the National League of Nursing Education, suggests the way in which these newer subjects are being brought in to enrich the training school of study.

But we must not only strengthen the materials in our structure: we must build from the beginning on good, strong foundations. Most of us are the product of the old system, where the new probationer was launched straight into the thick of the busy ward and expected to find things out largely by the old method of trial and error. No matter how many lectures and classes she had later on, they could never help her to meet the tremendous problems of those first months. Then, too, the habits and ideas the pupil gets in the beginning have a way of sticking; and if they are unsound, it is pretty difficult to root them out later.

The organization of the curriculum, then, is the next matter of supreme importance. The effort now is to bring forward all our basic sciences: anatomy and physiology, bacteriology, hygiene, etc., into the preparatory period as far as possible, and not to proceed very fast with any difficult or responsible practical work till we can be sure that we have got a solid backing of scientific principles to guide the student in her work. As soon as she has mastered her sciences and has some little experience in the general care of sick patients, we can push right on with the study of diseases and with all the forms of treatment, taking the commoner and simpler first and working on toward the more highly specialized types. This should be included, as far as possible, in the first two years, leaving a part, at least, of the third year for special preparation along the line of the student's special interests or aptitudes. The *Standard Curriculum* will also give some idea of this general scheme of organization.

The next point is that the theory should be tied up at *every turn* with the practical work in the wards. There is a strange idea in many nursing schools that nursing theory is quite distinct from nursing practise, and that one can be a thoroughly good "practical" nurse without much attention to theory. This is because we have so often given theoretical courses which have little or no definite relation with the practical work. The teacher must keep in mind constantly the fact that the prime reason for the theoretical work is not that the students should pass examinations, but that they should be helped in the solving of their every-day practical problems, and should be able, through the system of both classroom and ward instruction, to get a great deal more out of their every-day practical experience. This is one reason why nurse instructors without an equal preparation often make better teachers for nurses than physicians or college professors, because they know better what the pupils need, and can make the necessary connections between the classroom and the ward. In the same way, the teacher who can make cross-connections between different subjects, and who can teach her pupils to knit up scattered facts into a unified and systematized body of knowledge, is doing a good kind of teaching. One of the chief difficulties with nursing students (and other kinds) is that their knowledge is scrappy and superficial, and not readily gathered together when it is needed. Such knowledge is of little value and is very quickly lost.

Another thing which we can do to improve our teaching is to make the pupils do more thinking for themselves. It is not enough that they are interested, or that they understand and remember any number of facts. They must be able to use their facts in reasoning, to weigh and compare and judge the value of different plans and measures, to solve problems, and to form reliable conclusions. This ability cannot be developed through books or lectures. It requires very skilful questioning and discussion in class, and a good deal of following up in the wards, to get results.

The older kind of teaching, which insisted on the pupil accepting everything without question, and which discouraged any sign of independent inquiry, is entirely out of date in every branch of modern education. A good teacher will welcome every evidence of initiative, self-reliance and resourcefulness on the part of pupils, and will endeavor to develop these qualities in all her pupils. The pupil who is absolutely dependent on the teacher, and who cannot take a step without her guidance, will not be of much use in the practical work of the wards or in the future work of her profession.

With a good rich body of knowledge, with a well-organized course of study, and with a very practical and vigorous kind of teaching, there is no question that the theoretical side of the training school work can be made vitally interesting and exceedingly useful to every pupil, and that its results will be seen at once in improved practical work and better morale in the school.

We owe this not only to the pupils who are paying liberally for their education in service to the hospital, but to the patients whom they are caring for now and will care for in the future. The dislocation of a ward schedule for more frequent classes and lectures may seem to upset the practical work, but in the long run the hospital gains by the increased efficiency of the pupils and their greater interest and satisfaction in their work.

The practical side of the work in our training schools is usually the strongest, but we still find a large number of graduates from nursing schools who could not pass a very good efficiency test. Their work lacks that exactness and finish which we expect in highly-trained specialists. Often the work itself is mechanically perfect enough, but it is based on wrong principles. Another frequent criticism is that our graduates are not able to adapt their hospital methods to meet conditions outside.

It seems to me that the very first thing which we must impress on young pupils is that efficiency, or skill, consists not only in doing deft and finished work, but in doing work which brings the best results to the patient.

Speed is good, economy of movement and effort on the part of the nurse is important, the saving of hospital supplies is also important, and we do feel that it is essential to have a certain kind of artistic finish; but, after all, the most important thing is that the worker should have a firm grasp of her principles: that she should be a keen observer: that she should understand human nature, and should be able, under all kinds of circumstances, to adapt means to ends, and to bring about effective results. This kind of efficiency cannot be gained by any amount of practise, unless it is accompanied by intelligent concentration on essentials and constant self-criticism.

I am inclined to think that one reason why we do not get better results from the wonderful laboratory experience in the hospital, is that pupil nurses do not know what standards of nursing efficiency they ought to aim for, and do not realize that they are expected to work steadily to perfect themselves in their art, just as a pianist or a painter does. The teacher who can inspire her pupils with the craftsman's or artist's love of good workmanship, and who can make them see and find the principles underlying every task, even the most trivial, is the kind of teacher of practical nursing we want in our training schools, not the one who is simply an expect technician.

The spirit, or morale, which has been developed in nursing schools has, on the whole, been good. There has been great loyalty and devotion, and a rather universal willingness to subordinate individual interests to the common good. It is a question, however, how far these results have been developed by the type of military discipline which we have followed in nursing schools, and whether there are not other qualities as valuable which we have sacrificed by a too rigid adherence to that system.

The military system itself is changing, and we are finding out that even in the army the best results are secured where men and officers come closer together, when they learn to know and trust each other, and when they work, not on the basis of blind, unquestioning obedience of inferior to superior, but on the basis of mutual respect and co-operation. But, after all, we are not training soldiers; we are training nurses, and the kind of nurses we want today are not the timid, retiring, negative individuals, who have to be guided and directed at every turn, and who are afraid to have any ideas of their own. We want fearless and vigorous women who can stand on their own feet, who can voice their own ideas, and who will inspire confidence in and carry weight with the people. Wherever we find a freer and more liberal spirit in a training school, wherever we find a definite effort to release and develop the potentialities of the students instead of repressing them, we begin to find more women of this type coming forward. Then, in place of the rather narrow, cloistered view of life which we inherit from the past, we must try to open the eyes of our students to the great social problems which surround them and awaken the broader social spirit, the real democratic spirit which our armies are fighting to preserve in the world today.

Of course, we cannot turn out women of this type unless we have pretty good material to work with. The best teaching we can do would be almost lost on pupils who bring a poor educational background and no capacity for development along these lines. And, even with good material, no teacher can get good results from classes stupid with fatigue and exhausted by long hours of physical work. It is absolutely essential that we should face this problem of hours and over-work before we can expect to improve our educational work very much.

And, lastly, there is the question of teachers. We have come to the time when it is practically impossible for the superintendent of nurses and her assistants to do all the teaching that needs to be done, even when they have the assistance of the doctors of the staff. Even with a special instructor, there will still be work for other members of the staff; and it is advisable, as far as possible, to have the heads of the various departments responsible for the teaching of their special branches, leaving the bulk of the preparatory work to the instructor. The superintendent of nurses will still need to keep her hand on one or two subjects in order to keep in close touch with her students.

As rapidly as possible, we must prepare more nurses for this teaching work. We need the brightest women we can find—those with good educational background, sound professional training, and with that enthusiasm, vigor and personality which are necessary to successful teaching. There is a wide demand for instructors in schools of nursing today; and, even in the stress of wartime, it would seem to be the part of wisdom to make every effort to prepare more of our promising nurses for this work. If each of the stronger hospitals would contribute at least one of its best graduates each year, we should soon have a fair

supply to carry on this highly important branch of our work, and we should very soon see a remarkable change in the teaching in our nursing schools.

The progress in the last few years gives us hope that, in spite of the war, in spite of the innumerable handicaps that our schools have been laboring under, our leaders will still have the strength and courage to push forward our lines, so that, when the time for consolidation and reconstruction comes, we shall be able to go ahead on a better basis than ever before.

The Vital and Economic Value of the Tuberculosis Sanatorium

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From time to time there has appeared in *Public Health* articles illustrative of the advantage of the sanatorium in lessening, through curative methods, the prevalence of tuberculosis; while its value as a means of cure, as compared with home treatment, has been as persistently insisted upon by others. Having been instrumental in having the County Sanatorium Act for the Province of Ontario passed in 1900, I have naturally watched with interest the progress of such institutions and their effect upon death rates, and am glad to be able to present the following study as having a direct bearing upon these discussions.

The study of the annual reports of sanatoria in two cities in that province, which have run closely together in the matter of population during the last fifteen years, has made it possible to compare results in two institutions much the same in institutional equipment and number of beds. In Hamilton, however, the medical superintendent has been especially active in pressing his views with regard to the treatment of early cases to the point where he has obtained the active co-operation of all city health agencies for discovering tuberculosis cases in their early stages; while in Ottawa the city has had, perhaps, a larger proportion of a working population not so well instructed in the ideas of preventive treatment, and who were perhaps financially less able to allow wage-earners to take institutional treatment until forced by their inability to work. The sanatorium in Hamilton has been in existence eleven years, while an active Anti-tuberculosis League has existed in Ottawa for as long a period, and a sanatorium for seven years, so that the period passed over is sufficiently long to enable the outcome of the methods adopted to be closely comparable.

It may further be stated, owing to the fact that a large immigration came to Canada during the fifteen years before the war and materially assisted in the increase of urban population, that the city of Hamilton

increased during the fifteen-year period by just one hundred per cent., while the city of Ottawa increased also very rapidly and, as the seat of Federal Government, has probably a more than average proportion of its population engaged in official rather than in industrial pursuits. Of its laboring population, however, a notable number are engaged in the lumbering industries of what has for years been one of the greatest manufacturing lumber centres of the world.

Apart, then, from these distinctions, the comparison may be fairly called a natural one; any difference in results being due to insistence of the superintendent of the Hamilton Sanatorium, as set forth in the following extract. It may also be mentioned that the sanatoria in Canada have especially been utilized, through additions to their buildings, for the accommodation and treatment of returned tuberculosis soldiers.

Speaking in this connection, Dr. J. H. Holbrooke, the superintendent for nine years of the Hamilton Sanatorium, says:

"And our experience with these men goes to show that the eradication of tuberculosis will not come through the protection of the adult, but through the protection of the child. The adult consumptive must not be allowed to live in contact with the little child; and our preventorium work must continue to grow, and with it all must grow a wider knowledge of the methods of diagnosis of early tuberculosis in the child. Cases in children are being missed by medical men every day because they look for the grosser lesion of an acute disease when they should look for the obscure signs of a very chronic disease. The failure to observe this condition, I believe, leads to the greatest waste and the greatest need for conservation we have today."

The following table gives the deaths from tuberculosis in the two cities for 1901 and to 1916:

DEATHS FROM TUBERCULOSIS IN 1901 AND 1916

	Population	Year	Deaths from Tuberculosis	Rate per 1,000 pop.
Ottawa	59,938	1901	139	2.2
Hamilton	52,034	1901	95	1.6
Ottawa	96,720	1916	133	1.37
Hamilton	104,330	1916	87	0.80

It will be seen at once that while the city of Hamilton has increased its population by exactly 100 per cent., the death rate from tuberculosis has been reduced exactly 50 per cent. If we apply the increase of population found in 1916, we could say that the death rate has been again reduced by 50 per cent., comparatively. In 1901 the death rate of Ottawa was excessive, and the decline of nearly one per 1,000 may be taken under the circumstances as most illustrative of the beneficial effects of education, both of the public and medical profession, in making use of the sanatorium. But apart from these broad results, essential interest attaches to the age periods at which patients have received sanatorium treatment, as seen in the following table. It may be mentioned, incident-

ally, that in both instances there is a city dispensary, at which any cases suspected of being tuberculous may go for free diagnosis. That in Hamilton is, however, directly under the care of the superintendent of the sanatorium and his assistant, whose experience is a most important factor in early diagnosis:

TABLE SHOWING SANATORIUM CASES, BY AGES, IN OTTAWA AND HAMILTON

	Ottawa March 1, 1916, to March 1, 1917		Hamilton October 1, 1915, to Sept. 30, 1916	
Age Period: 0- 9	2		48	
" " 10-14	16		40	
" " 15-19	38		22	
" " 20-24	..		36	
" " 25-29	62		43	79
" " 30-34			30	
" " 35-39	48		12	42
" " 40-44			9	
" " 45-49	32		2	11
" " 50-54			1	
" " 55-59	9		1	2
" " 60 and over	4		2	
	211		246	

An analysis of these two lists affords much information and food for thought. Up to 14 years of age, Ottawa admitted only 18 patients, or about one-fifth the number of Hamilton, which admitted 86 to the sanatorium, with the result that the total deaths in Hamilton were but 12, as compared with 51 in Ottawa. The large number of children in Hamilton treated so lessened the later cases that only 22 were admitted, as compared with 38 in the 15-19 age period in Ottawa. In the next 20-29 period, usually the most prolific in deaths, we find Hamilton with 79 admissions, as compared with 62 cases in Ottawa. Between 30 and 39, Hamilton has 42, as compared with 48 cases; and in the later age periods Hamilton drops to 10, as compared to 32 in Ottawa in the 40-49 period, and only four, as compared with 13, in the period over 50 years. The natural and inevitable outcome of such great differences in the proportion of admissions in the early age period is, first, that the treatment of the children can be longer, since it is carried on until the child may be said to have outgrown his tuberculous condition, while he has had the advantage during part of the time of actual attendance in a school class in the institution. A further result, due to the relatively low mortality of the disease in its incipiency in children with early treatment, is the less deaths; and, hence, the effects, not only on the total for the institution, but for the whole city, are seen, since at least 40 per cent. of the total population is under 20 years of age.

The further importance of this is seen in the fact that the number of sanatorium days per patient in Hamilton was 142, as compared with

95 in Ottawa; while the total deaths were just 12, as compared with 51. The following figures, taken from the city mortality returns for 1916, are of much importance:

TABLE GIVING DEATHS FROM TUBERCULOSIS IN 1916 IN OTTAWA AND HAMILTON BY AGE PERIODS

Form of Disease	O.	H.	O.	H.	O.	H.	O.	H.	O.	H.	O.	H.	O.	H.
	0-14 Years		15-19 Years		20-29 Years		30-39 Years		40-49 Years		50-59 Years		60 and over	
Tuberculosis of lungs	0	3	16	5	31	18	28	25	18	8	9	7	7	7
Acute miliary	6	1	1	1	1	0	1	0	0	0	0	0	0	0
Meningeal	4	4	2	1	0	2	..	..	..	..	..	..	..	..
Abdominal	2	0	1	0	3	1	0	0	0	2	0	0	0	0
Other forms	2	0	0	0	0	0	1	0	0	2	0	0	0	0
	14	8	20	7	35	21	30	25	18	12	9	7	7	7

The table shows that for the age period 0-19 the deaths in Ottawa were 34, as compared with 15 in Hamilton; and of this number twice as many were cases of tuberculosis of lungs. During the wage-earning period of 20-59 Ottawa had 77 deaths, Hamilton 51. The results of the great difference in the number of early cases treated extends, however, far beyond the matter of the immediate difference in total deaths. It is first seen in the difference in the cost of the per capita treatment of cases, and, second, in what may be termed the constructive loss, due to the much larger number of patients and deaths during the wage-earning period of life:

TABLE SHOWING SANATORIUM EXPENDITURES AND WORK DONE

	Total Inmates	Total Hospital Days	Total Days' Stay	Total Deaths	Total Expenditure	Daily Cost
Ottawa	211	20,245	95	51	$35,569.66	$1.66
Hamilton	246	34,852	142	12	41,276.44	1.18

The table shows that each patient in Hamilton received 142 days' treatment, as compared with 95 for Ottawa, or just a third more, and at a cost of 40c less per day. Hamilton gave 14,607 days' more treatment, at an extra cost of only $5,706.78. The explanation of the extra per diem cost of 48c may be fairly ascribed to the fact that 35 per cent. of the total patients were of 14 years or under in Hamilton, as compared with 8.5 per cent. in Ottawa. If the cost be taken as $1.42 per diem, or the average of the two cities of it, and we assume that the cost of children is just half this, the following interesting table of cost is obtained where the number of days is also averaged:

ESTIMATED COST OF PATIENTS FOR AN AVERAGE OF 118 DAYS

Hamilton—

86 or 35% of 14 years and under at 71c ..... $ 7,205.04
160 or 65% of 15 years and over at $1.42 ..... 26,809.60

$34,014.64

Ottawa—

18 or 8.5% of 14 years and under at 71c	$ 1,508.04
193 or 91.5% of 15 years and over at $1.42	32,339.08
	$33,847.12

The most serious outcome of this difference of results in sanatorium treatment is seen in the economic loss which Ottawa suffered from having 112 deaths in the wage-earning period between 15 and 59, as compared with 72 in Hamilton. Estimated at $1,000, we see a loss at once of $40,000 in a single year, apart from the previous losses through part time and inefficient labor, the impoverishment of families and the infection of children in the home. In its local bearing, the difference to the municipality in the cost of local maintenance becomes very serious. The Legislature of the Province of Ontario pays a per diem per capita grant which approximates 50c. Owing to the less number of hospital days by one-third in Ottawa, and the delay in sending patients early to hospital, the following loss actually occurred to Ottawa as compared with Hamilton:

Loss in Provincial Government Grant	$ 6,623.37
Loss in fees from patients	5,773.05
Loss in 48c per diem extra cost on 20,245 hospital days	9,717.60
	$22,114.02

But enough has been given to adequately illustrate the almost inestimable good which results to any municipality which is fortunate enough to have a sanatorium and a board who are in touch with the advanced ideas held by a superintendent such as Dr. J. M. Holbrooke, of Hamilton, and who are ready to follow in their application the principles he enunciates. It may be of interest, as illustrating his intense belief in the curative possibilities of sanatorium treatment, to quote the following from Dr. Holbrooke's annual report:

"We also have a record of thirty of our ex-patients who have enlisted, and undoubtedly others have enlisted of whom we have no record. Of those who have enlisted, it is wonderful how few have had to be discharged for physical unfitness. It seems to me that the training that these men have received must have stood them in good stead."

As bearing upon the very practical question which this paper is intended to illustrate, I may further quote from Dr. Holbrooke's report:

"Our experience with the soldiers has served to confirm me in every opinion I advanced in last year's report. For instance, in the matter of child infection being the serious factor, we have seen soldier after soldier come for treatment, with signs of extensive scar tissue, but with very little active trouble. If this extensive involvement had all developed recently, there would have been such serious active trouble that the patient would have run a great chance of dying. In fact, this has happened with a few; but with the majority there had been, previous to

enlistment, so much lung tissue replaced by scar tissue that the patient's air capacity, or breathing capacity, and therefore his working capacity, was diminished to such an extent that he could not hold his own with normal men, and when, after enlistment, he was compelled to try to do so, he had to capitulate, and not till then was the cause of his diminished working capacity sought for and found."

Dr. Holbrooke further states: "Then, again, I believe that compulsory military training could be made to do a great service to the State, not only from a military standpoint, but also as an aid to the eradication of disease."

Halifax Disaster and Relief Work Performed

Many and graphic are the descriptions written of the fatal Halifax disaster of December 6th, 1917, resulting in almost complete destruction of the city, including the town of Dartmouth, on the eastern side of Halifax harbor. As near as can be estimated, 1,500 people were killed, about 5,000 injured—of the latter number, about 1,000 seriously injured.

As the hospitals of the city are only equipped for the normal conditions, accommodation at the time of the disaster was most limited. Following is a list of city institutions, the normal capacity of each one, and number of patients admitted following the explosion:

	Admitted
Victoria General Hospital—175 beds	300 to 400
Halifax Infirmary, private, Sisters of Charity—60 beds	150 to 200
Children's Hospital—25 beds	40 to 50
Infants' Home (obstetrical)—60 cots, 8 beds	4
Salvation Army Home (obstetrical)—60 cots, 12 beds	6
City Home—300 beds	60 to 70

MILITARY HOSPITALS

Cogswell Street Stationary Hospital—150 beds	400 to 500
Camp Hill Hospital—280 beds	about 1400
Pine Hill Hospital—70 beds	125 to 150

The above institutions, within a short time following the explosion, were filled to overflowing; every available hall and public building was secured and made into emergency hospitals, treatment and care given by local doctors and nurses, assisted by the V.A.D's and voluntary workers.

The many hospitals, in addition to civic and military hospitals, which were open were as follows:

U.S.S. "Old Colony"; opened December 6, 1917; relief given by city doctors, nurses and voluntary aid	150 Beds
Halifax Ladies' College; opened December 9, 1917, by State of Maine Unit	150 Beds
St. Mary's College Hospital; opened December 9, 1917, by the American Red Cross	138 Beds

Bellevue Hospital; opened December 9, 1917, by Rhode Island Unit 66 Beds
Y.M.C.A. Building; opened December 9, 1917, by Boston Unit..... 175 Beds
Waegwoltic Hospital; opened December 26, 1917; Convalescent Hospital, Canadian Military ..... 70 Beds
Truro Emergency, Truro; opened December 6, 1917; local doctors and nurses ..... 150 Beds
New Glasgow Emergency, New Glasgow; opened December 6, 1917; local doctors and nurses..... 150 Beds

Truro and New Glasgow emergency hospitals were occupied by patients, with minor injuries, who were transferred from the various congested institutions of the city.

Nova Scotia Infectious Hospital at Dartmouth was seriously damaged, only a few patients being in the hospital. They were soon transferred, and within a few hours 150 wounded were being treated.

Nova Scotia Hospital (Insane), about 200 explosion accident cases were accommodated.

At the Victoria General Hospital, with corridors, hall, stairways, administration rooms, and every conceivable space filled to overflowing, on floors, cots, and mattresses, the hospital occupied by the regular number of patients, the doctors and nurses of the institution were called upon to cope with a situation most drastic; each one responded to the many calls made upon them most willingly, and continued through the long hours, with very little rest. Not at any time was there an attitude of unwillingness or lack of interest shown; through many trying ordeals, the most wonderful service that has ever been accomplished by the medical and nursing professions for our country was done at the time of the Halifax disaster.

The few graduate nurses available in the city came to our assistance, the V.A.D's and voluntary workers all anxious to "do their bit."

Within twelve hours after the disaster, doctors and nurses from many towns of Nova Scotia and Prince Edward Island came to our relief; they received a most hearty welcome. Each day following brought us assistance from the various cities—St. John Hospital, consisting of superintendent of nurses and staff of nurses; unit of doctors and nurses from Moncton; nursing staff from Montreal and Boston. They all remained with us for a number of days, and rendered most needed aid. We were much pleased to have with us at that time the former superintendent of nurses, Mrs. H. M. Bowman, of Toronto, who remained with us a number of days and gave invaluable assistance.

The conditions and new surroundings which each nurse had to contend with was most trying. The accommodations were most kindly given them in various homes in different parts of the city. Going to and from the hospital, during the storms which followed, was by no means pleasant; but, experiencing many inconveniences, they adapted themselves to all circumstances in a most agreeable and cheerful manner. An atmosphere of good fellowship, loyalty and unity prevailed throughout the many trying days each nurse devoted to her work and remained with us.

The most trying and strenuous task began at once in the operating room, and continued for a number of days. One-half hour after the explosion that department was filled to overflowing, the staff of doctors and nurses being the same as in normal conditions of the hospital. The demands and calls made upon each one were many, but by 5 p.m. each patient had received some attention. Operations for concussion, amputation, and abdominal sections then continued until 3 a.m., the number being between 50 and 60 cases. The day following the disaster, between 40 and 50 eyes were enucleated, and operations of various kinds still continued. The surrounding conditions resulting from the explosion handicapped the staff of that department considerably. No confusion prevailed, each one responding to their duties most efficiently, and continued to do so through the long hours, with very little rest.

Within 24 hours after the explosion, all patients admitted to the hospital (between 300 and 400) had received first aid; about 125, of minor injuries, were transferred to various institutions and homes in the city.

The following day a frightful blizzard raged, with a howling gale, which most seriously handicapped the work of the relief; but within forty-eight hours of the disaster practically every patient in the city—in hospital or in homes—had received some medical aid.

Large numbers of doctors and nurses from the Maritime Provinces, Upper Canada, and American cities continued to arrive each day, relieving conditions at once in all institutions, and giving assistance in numerous places. Too much cannot be said in praise of the many willing workers of the various branches they represented; their work was most excellent, and their assistance invaluable.

Supplies arrived in great quantities, at once, from the Canadian and American Red Cross; also from many individual firms and organizations.

The routine duties of Victorian Order and school nurses were, of course, for the moment suspended. These efficient workers were able to assume responsible posts at the various dressing stations until the immediate confusion subsided.

When systematic district visiting was resumed by the Order, the permanent staff was augmented with extra nurses from Ottawa. Invaluable aid was also received from Toronto by a temporary loan of Miss Dyke and her party of "public health nurses." It is impossible to record the many proofs of generous sympathy extended to Halifax in this hour of extremity. We know that an inexpressible appreciation of it will be cherished for all time.

No one is useless in this world who lightens the burden of it to anyone else.—CHARLES DICKENS.

Sanatorium Treatment of Tuberculosis

By Dr. R. G. Ferguson

Read at the Regina G.N.A. Annual Meeting

Members of the Saskatchewan Nurses' Association of Regina, I have been asked to address you on the subject of "Sanatorium Treatment of Tuberculosis."

The sanatorium today has two principal functions in the effort to eradicate tuberculosis—first, *educative;* second, *curative*. You will grasp this readily when you think of what is meant by "the cure," as sanatoria understand it.

Patients come to the sanatorium to take "the cure"—better put to learn "the cure."

The cure for tuberculosis is not a surgical operation. Is is not a specific drug, such as salvarsan is for syphilis. No specific drug has yet been found for tuberculosis. It is not a specific antitoxin, as is the case with diphtheria. No antitoxin has yet been produced for tuberculosis. The cure is not a material thing—it is an education in regard to a disease. The cure is a knowledge of the signs and symptoms of a disease, and how these respond to treatment; a knowledge of its modes of infection, and how to guard against infection; a knowledge of its pathology and development, of its arrest and control.

The cure is to know the value of rest to an inflamed lung and a debilitated body; to appreciate the tonic action of fresh air in stimulating the appetite, and the antitoxic action of fresh air in allaying night sweats; to realize the power of pure water to remove poisons from the system, and the efficacy of a plain protein diet to repair tissue. The cure is a knowledge of how to rest, and how to conserve our energy; a knowledge of the limitations of a body whose capacity has been lessened by the loss of a part of the function of its energy-producing organ. To know these facts, and to live their interpretation, is "the cure."

Sanatorium Routine

Every community has its customs and laws for protection and mutual benefit. The sanatorium is a community and has its customs and rules, all calculated for the benefit of those who are taking "the cure."

Each patient, on admission, is informed of the routine of sanatorium treatment, namely: meal hours, rest hours, temperature hours, desirable limits of correspondence, reading and talking, the way in which exercise is controlled, etc. He is then assured that, in obedience to these laws, a patient realizes his greatest freedom.

Rest During the Acute Stage

Let us not forget that pulmonary tuberculosis is a pulmonitis; it is tubercular inflammation of the lung. This inflammation, though usually

chronic in type, may be very acute, as is the case in the pneumonic type of tuberculosis.

Modern treatment is to rest an inflamed organ. In nephritis, we rest the kidneys as much as possible; in arthritis, we immobilize the joint, and keep it at rest. How can we secure rest to the inflamed lung?

1. *Rest the body in the reclining position,* thus requiring the minimum amount of aeration of the blood.

2. *Rest the lung from deep breathing.* Many persons with tuberculosis think they should breathe deeply. This is harmful during the acute stage, as it tears down healthy tissue. Breathe naturally.

3. *Rest from coughing.* Coughing is a natural process, a necessary reflex to remove foreign matter from the lung; but it is violent exercise. There is nothing more harmful to the healing process than a fruitless and unnecessary cough, due to irritation. Patients are asked to voluntarily refrain from fruitless coughing. Learn to allay the irritation otherwise. A drink of warm water, or lemonade, will often do this.

4. *Rest from breathing.* Comparative rest to a lung is secured by artificial pneumothorax. By this treatment the lung, or a portion of it, is collapsed by introducing air or nitrogen into the pleural sac, thus limiting the movement of the lung, and securing greater rest.

Graduated Exercise During Convalescence

When the acute symptoms have subsided the exercise of the patient is gradually increased, the tub bath, sitting up in bed, dressing up and sitting in a chair; one, two and three meals; later, slow walking on the level, increased gradually until the patient can take unlimited exercise with benefit. Exercise, like medicine, is doled out and controlled by the physician. The proper amount of exercise is the "X" of an algebraic equation. The quantities in the equation are temperature, pulse, weight, cough, expectoration, and feeling of well-being. During convalescence exercise not only stimulates appetite and increases strength, but, by its effect on the liberation of toxins, it develops resistance. In certain chronic cases, and in cases where the focus does not liberate its toxins freely into the system, tuberculin given in increasing doses, under close observation, stimulates the organism to develop resistance. The sphere of its usefulness, however, is limited.

Symptomatic Treatment

Although the symptoms of tuberculosis are manifold, namely: cough, expectoration, temperature, pulse, anorexia, indigestion, constipation, headache, pains in the chest, and general malaise, symptomatic treatment is very limited in a sanatorium. The pathology explains the symptoms: Inflammation of the lung—hence pain, cough and expectoration; liberation of toxins from the inflamed area—hence headache, fever, constipation, anorexia, indigestion, etc. Treat the inflammation of the lung by rest, fresh air, nourishing food, and the symptoms of toxaemia melt away.

The Sanatorium Atmosphere

The atmosphere of a sanatorium must be bright, cheery, homelike, confident. Patients, on entering the sanatorium, are frequently in a bad mental attitude. They have been told that they have a dread disease. The picture of their imagination is often one of hopelessness. This mental attitude must be changed; they must be lifted out of themselves; they must be inspired with hope, and won to full confidence in the cure. The whole atmosphere of the sanatorium must be wholesome. The staff must lead the way in creating this atmosphere; then the patients will follow.

Nursing and Sanatorium Treatment

The nursing of tubercular patients, as implied in the treatment outlined, involves discipline and psycho therapeutics. To inspire confidence in the cure, and to secure exacting discipline from patients who are at first homesick, and afterwards think themselves well, while still requiring treatment for a period of several months, and yet keep them contented and happy, demands the highest type of nurse. She must have a strong personality, a pleasing manner, and, above all, a sense of humor. Patients are mortal, and the only thing that will deliver us from prejudice in caring for them is a keen sense of humor. The nurse who does not grow on her patients is a failure. The nurse whom the patients can worry or upset is a failure. The sanatorium nurse must go through her day's work wearing a smile, inspiring confidence, dispelling fears. She must not be disturbed by the development of adverse symptoms or complications. She must sustain that steady confidence in the cure, and joy in the service that comes with experience and success.

GIFTS

The gift that makes the Dreamers into Doers;
The gift, through Joy or Sorrow, Light or Murk,
To play with all your soul and heart a Christ-like part;
The gift of Discontent, to keep you driving
Forward and up, forever striving
For something better in the days hereafter;
The gift of Kindness and the gift of Laughter
And all the gifts of Love and Faith and Friends, and Purity and Truth,
And in your heart, until life's journey ends,
The priceless gift of Youth:
Hope that inspires, and Courage that endures—
May all these gifts be yours.

Keep pegging away—
For pluck, not luck, will win the day;
And he who will, not he who won't,
Will go ahead and reach the front.

In Flanders' Fields

Written by COLONEL JOHN MCCRAE, of Guelph, Ontario,
Serving in France, 1917

In Flanders' fields the poppies blow
Between the crosses, row on row,
That mark our place, and in the sky
The larks still bravely singing fly,
Scarce heard amidst the guns below.
We are the dead. Short day ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders' fields.

Take up our quarrel with the foe;
To you from falling hands we throw
The Torch—be it yours to hold on high;
If ye break faith with us who die,
We shall not sleep though poppies grow
In Flanders' fields.

AMERICA'S ANSWER

Written by R. W. LILLARD, and appearing in
The New York Evening Post

Rest ye in peace, ye Flanders' dead;
The fight ye so bravely led
We've taken up. And we will keep
True faith with you who sleep,
With each a cross to mark his bed
And poppies blowing overhead,
Where once his own life blood ran red.
So let your rest be sweet and deep
In Flanders' fields.

Fear not that ye have died for naught—
The Torch ye threw to us is caught;
Ten million hands will hold it high,
And Freedom's light shall never die.
We've learnt the lesson that ye taught
In Flanders' fields.

The way to gain a good reputation is to endeavor to be what you desire to appear.—SOCRATES.

Victorian Order Work

By Mrs. Hannington

I am down on your programme as "Victorian Order Work." I feel it is best to approach this subject from the point of view of coming to the bar of the house to give an account of our stewardship. After twenty years' effort, we are applying for affiliation with the Canadian National. Why we have not done so before, I do not know. In Miss Dean's paper, she points out that, though the Order is doing a fair proportion of public health service, so very few of its members belong to nursing organizations. This is regrettable.

Twenty-three years ago a resolution was passed by the Vancouver Local Council of Women, moved by Mrs. James Macaulay, and sent to the National Council of Women, that some way be found to provide skilled nursing service to the women of the Western provinces. This resulted in the establishment of the Victorian Order of Nurses for Canada, as a memorial of the Diamond Jubilee of that great Queen and mother of her people, Victoria the Good, whose honored name we bear. The claim has been made for us, and we, mayhap, have boasted, that we were the first public health nursing service in Canada. This statement is not true. Let us close our eyes and blot out Montreal and Quebec as they stand today, and see a few huts built of logs, and there the Sisters of the Catholic Church braved the danger of the sea, the tempest, and all the nameless terrors of those times, to carry care and healing to the brave and adventurous souls who followed the star of destiny to this country.

I was asked last night: Why did people go to those Western provinces, where they were likely to be sick, and no one to care for them? If anyone can tell me why these people left the sunny land of France and came out here, I can answer the other question. The migrations of people is quite beyond the jurisdiction of even the nursing profession, and we can only follow the worthy example of the good Sisters mentioned before, and feel that where *they* go we must follow, with the offering of our ministrations.

Though the original intention of the Order was to provide nursing service in the West, we had to begin in the Eastern cities to demonstrate our usefulness and to gain friends. We started on the same basis as the *Canadian Nurse* and the *Woman's Century*. The idea was a new one. Every one said it could *not* be done. We began simply as visiting nurses amongst the poor, using as a starting point the graduate nurse.

One of the first discoveries was that we needed some special training to carry on this work; and nurses wishing to enter the Order were put in centres, where there were other nurses, to gain experience, and so be sent out to open new districts. We did not dream of post-graduate courses as we have them today. They are part of the evolution of the nursing service.

The wives of the Governors-General of Canada have always taken special interest in this work. Lady Minto went all through this country; and she, too, heard the cry of the child-bearing women of the West. She felt the little hospital was the great need, and raised a fund to establish these. So we have today the three activities of the Order: the public health, or visiting nurse, or whatever you may choose to call her; the training centre, where graduate nurses get a four months' course in district nursing, school inspection, prenatal and child welfare work, whether they want to take up work with a branch of the Order or not; and the cottage hospital in outlying districts.

Each of these departments has developed along lines little dreamed of by the founders.

The original nursing service took on variations. After the nurse cared for the mother in childbirth, she naturally had an interest in the baby. The young and inexperienced mother would turn to her in small alarms, and very soon she learned to come before the child was born, to make an engagement and tell of her ailments. These are all known now by quite grand-sounding names, but this is what they mean. So successful was this work, that it was only a matter of time for the school work; and when so much was found wrong, must needs follow clinics, etc. So it looks almost as if this old world was going to get all mended up.

We have adhered doggedly to our original methods. We not only believe that it is the right of every child to be well born, but we go further and believe it is the right of every child to be born in his own house, in the bosom of his own family, as well as to be nursed at his own mother's breast—that the coming of a baby is a simple, natural process, and not an elaborate surgical operation. Do you remember the wonderful handwrought baby's dress of days agone, which was all explained, "as my mother made every stitch of that by hand," and you will find in every case that it was made before the first baby was born—it did for the succeeding ten. There was great psychology in that garment. It took all the spare time in the nine months to make, and it was better for her in every way than going to clinics—and after the first confinement she had no time, so filled were her hands. The well-trained nurse has the greatest field for her talents along every line of work if she carries this foundation along, teaching the mother to teach her children. I am mentioning this particularly because people say the V.O.N. does not do child welfare work, or they do not do prenatal work. I turn to our annual report and find 5,974 prenatal visits and 70,749 child welfare visits, 4,646 school inspections, etc. The school inspection is done in the smaller places where it does not take all the time of a nurse. As it grows, it passes into the hands of the School Board, and we turn our efforts elsewhere. The same way, in the large centres they are organizing the care of the child before and after birth, under the Board of Health, with their own specially trained nurses, and we are not needed. The rural nursing scheme has proven a great problem. Miss McKenzie spent many years

trying to solve it. Transportation of rural nurses was the first difficulty; the motor was the solution of that—and then the housing problem. Until that is met we will get nowhere. We have at Central Butler a little nursing home with beds for five patients, two nurses and a working housekeeper. They care for those brought in, and do all visiting and nursing for a district thirty miles square. This is a shining success. We will not put up any more like this—they might conflict with the Municipal Hospital scheme; but we are putting up a number of little houses this year, providing comfortable quarters for two nurses, with good-sized living-room, where they can have little gatherings and talk to the mother, and where patients can come for interviews, or men to have accidents or wounds attended to. We have six rural districts in Saskatchewan operating now. In all, we are operating 55 districts, and last year had 325 nurses, which does not include any of the nurses in the small hospitals.

We have under our care 22 hospitals, ranging from 12 beds up to 75. These are all aided by grants from the Order—three of these are almost entirely under the Central Board. We have to keep these all staffed. In the larger of these are small training schools, in most of which we supplement the training by affiliation with American hospitals. For twenty odd years this Order has striven to raise the money and supply Canada with graduate nurses specially trained.

The objects of the Order are:

(a) To supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick who are otherwise unable to obtain trained nursing in their own homes, both in town and country districts;

(b) To bring local associations for supplying district nurses into association by affiliation with the Order which bears Her Majesty's name, and to afford pecuniary or other assistance to such local associations;

(c) To maintain, as a first necessity, a high standard of efficiency for all district nursing;

(d) To assist in providing small cottage hospitals or homes.

Yet from the necessities of conditions existing today, it becomes necessary to have those little schools as the only way not only to provide for their care, but as a source of supply of private nurses. We have not up to this time been able to get affiliation in the great training schools of Canada. In no province of Canada have more men gone than from Saskatchewan and Alberta, and the women of these provinces show a growing bitterness to our profession in our failure to help them. If affiliation can be arranged for, it will take a great burden off our shoulders, and enable us to get nurses for all the little homes we have money to build, which ought to be seven or eight, each providing for two nurses.

It is only natural that in these twenty years we have made many mistakes. This last year we called in all our representative women and held our first V.O.N. conference, at which our whole constitution was overhauled and many changes suggested. We are proud to say that all of these changes were accepted and acted upon by our Board. Amongst other things, we are improving and standardizing the methods of our training centres, of which there are four—Toronto, Montreal, Ottawa and Vancouver. We feel, after years of experience, that a nurse is not thoroughly trained unless she has had some experience in this line of work; nor should she be expected, after three years, to at once seek fresh instruction, should she want to take up public health nursing. In this great time of national agony we must not take one minute of a nurse's time unnecessarily, when we need her so urgently. Will not the training schools of Canada use our training centres and give their pupils two months' training in this work? The purpose will be twofold: it will give the nurses a knowledge of the work, and it will save four months' time for those nurses intending to take up that branch, and, of course, result in many more entering it than do at present, because they know nothing about it.

You will be interested to know what this course consists of. Besides the bedside care of the sick, in their own homes, is child welfare work, prenatal clinics, conferences at charity organizations, observation, excursion, juvenile court, city lodging house, fresh air schools in connection with T.B. clinics, Children's Aid conferences, settlement work, class conferences. In Toronto and Montreal we can have the university lectures. The Central Board would pay travelling expenses and the little allowance the hospital training school gives, and they would have their board and lodging. In our four months' course to graduate, as at present, we give, in addition to this, $25.00 a month during the term they serve. We feel it enables many to take it that otherwise might not be able to do so, and we do not expect them to join the Order when they finish.

These training centres are in charge of highly trained district superintendents, who have under them competent assistants. We have reaped abundantly in knowledge and experience of people and how to care for them amidst their own, often inadequate, surroundings in any part of our great Dominion, where we can get to them, and under whatsoever condition their destiny has placed them.

Tennyson said of Queen Victoria: "She wrought her people lasting good."

If our twenty years' service to Canada, inadequate and struggling though it has been, has wrought her lasting good, then we can feel we have in a small way followed example.

Supervisors—I might add, in passing, that all the members of the Order are under yearly inspection.

MONTHLY STATEMENT SENT TO LOCAL BOARDS

THE VICTORIAN ORDER OF NURSES FOR CANADA
Local Association of Greater Montreal

Statistical Statement for the Month Ending.....
Prepared for the Local Board of Management

Patients	Nurses	Visits
No. of old patients.....	No. of Victorian Order.....	No. of nursing visits, including those to infants of obstetric cases.....
No. of new patients.....	No. of probationers.....	No. of prenatal visits.....
Total.....	No. of emergency.....	No. of Baby Welfare.....
	Total.....	No. of Social Service.....
Patients dismissed.....		No. of supervising.....
Patients forwarded.....	Average No. on duty.....	No. of collecting.....
	No. on vacation.....	No. of observation.....
M.L.I. Patients—		Miscellaneous.....
No. of old cases.....	Average Hours on Duty—	Total.....
No. of new cases.....	Weekday.....	
Total.....	Sunday.....	Special nurses' visits.....
		Grand Total.....
Dismissed.....	Special Nurses	
Forwarded.....	Number.....	
	Average.....	
Free Patients—		Other Subdivisions—
No. of old cases.....	Average Hours on Duty—	Visits to infants.....
No. of new cases.....	Weekday.....	Night visits.....
Total.....	Sunday.....	M.L.I. visits.....
Dismissed.....	Public school.....	Public School—
Forwarded.....	Baby health centre.....	Schools.....
	Industrial.....	Home.....
	Old People's Home.....	Industrial—
		At plant.....
	V.O.N. on duty.....	Home.....
	Probationers.....	
	Emergency.....	Baby Health Centres
	Average No. on duty.....	Consultations at station.....
		Clinics.....
		Home visits.....
		Classes.....
		Old People's Home—
		Cases.....

Dismissed Cases—	Carried Cases—	Subdiv. of New Cases—
Paid.....	Paying.....	T.B.C., new.....
Part paid.....	Free.....	T.B.C., old.....
Free.....	M.L.I.....	Total.....
M.L.I.....		
	Chronic.....	Prenatal confined.....
Patients' fees.....	T.B.C.....	New obstetric.....
M.L.I. fees.....	Prenatal.....	Total obstetric.....
		Confinements attended.....
		Operations.....
		Deaths.....

CLASSIFICATION OF NEW PATIENTS

New Cases—	Nationalities—		Sex and Age—
No. of medical	Canadian	Austrians	Male
No. of surgical	English	Germans	Female
No. of gynaecological	French	Syrians	Infants
No. of obstetric	English	Chinese	Total
No. of infants	Scotch	Hungarians	
No. of prenatal	Irish	Dutch	Men, 40 and over
Total	American	Japanese	Women, 40 and over
	Italian	West Indies	
Religions—	Newfoundlander		Men, 30-40
Jews	Poles		Women, 30-40
Roman Catholics	French		
Protestants	Russians		Men, 15-30
Greek Church	Roumanians		Women, 15-30
Others	Belgians		
	Greeks		Children, 5-15
Total	Welsh		Children, 1-5
	Swedes		
	Swiss		Infants
	Danes	Total	Total

—Read at the Canadian National Association of Trained Nurses, Toronto, June, 1918.

HARVEST TIME

By Edgar A. Guest

It's gettin' on to harvest time, the heavy work is done;
The fruits are turnin' red an' brown, beneath the summer sun.
I've borne the heat an' faced the rain an' stood to weeks o' toil,
An' met with disappointment an' some mighty stubborn soil;
But the corn is lookin' splendid an' there's wealth on every tree,
An' the Lord who reigns in Heaven has been mighty good to me.

It's gettin' time to harvest; there's a field o' wavin' gold,
Where poverty was dwellin' in the lazy days of old.
Then I let it lie neglected, as a barren patch of earth,
An' I scorned t' give it labor, for I didn't know its worth.
Now I stand an' see its treasures; there was wealth beneath the clay!
An' the whole world is the richer for the grain that's there today.

As I gaze upon the splendors of the harvest time o' year,
An' the joys that now have blossomed out of dismal days an' drear:
See the apples in the orchards, an' the acres rich with grain,
My thoughts begin to wander to the Flanders' fields of pain;
An' my heart starts beatin' faster an' my hopes begin t' climb
As I think o' joys we'll gather when it comes our harvest time.

When the bitter work is ended, an' we've silenced every gun,
When the reign of hate is over, an' the victory is won,
From the bloodshed an' the anguish, an' the faith our children keep,
Souls in tune with Truth an' Freedom it shall be our joy to reap.
We shall know for all our labors, all our griefs an' all our tears,
A harvest time of riches that shall last for many years.

—*The Montreal Herald.*

Editorial

Outside the glorious news of the war, there seems to be only one thought in the minds of all the graduate nurses in Canada now, and that is how to solve the problem of caring for the influenza victims in this emergency. It seems like the irony of fate that now, when nurses are most needed of any time in our history, our numbers are so lessened by the call overseas of so many graduates. Emergency hospitals have had to be installed in so many cities, with but the scantest supply of trained nurses. It has been appalling to see the suffering and deaths caused by the lack of both medical and nursing services. Our profession has responded as we should expect them to, and toll has been taken out of our ranks; many, both graduates and pupils, trained helpers and those volunteering for service though without experience, have "gone West" while doing their duty. Over and above the hospital needs has been the imperative call for nursing help in the homes. To the credit of the profession, married nurses and those who for various reasons have been out of the active field have taken up the burden again and, with the various patriotic and charitable societies, have done their best to give relief to the afflicted families. To the families and friends of the nurses who have given their lives, *The Canadian Nurse* extends heartfelt sympathy.

* * * *

Wonderful news from the Front comes to us every day, and a deep feeling of thankfulness that there seems an end not too far distant when this war will be over. It is time that we planned what we are going to do for our sister nurses who have been through the terrible strain, some for four years. It will not be possible that military positions will be found for all, or for nearly all of these, and we must face the facts that many will be far from fit for active work for many months. Let them not come and find us not ready, but with plans worked for clubs and places where they can recuperate, free from financial worry. Our various associations in the different provinces should band together for such a work.

Inner Tubes as Ice Bags

A doctor writes that he has for some time past substituted for the ice bag and coil lengths of old or discarded inner auto tubes. Parts of the tubes, cut crosswise in lengths of from a few inches to two or more feet, are filled with cracked ice and the ends tied with tape. They make an ideal ice pack or coil, easily adapted to any part of the body. Leaks can be closed with adhesive plaster. A long length held in front of the ear may be used in ear douching to protect the clothing.

Victorian Order of Nurses

The Victorian Order space in *The Canadian Nurse* was to have been filled from the training centre at Toronto for this month, but, owing to the epidemic of influenza, Miss Hall and her nurses have been overwhelmed with work. A number of the nurses have been ill themselves.

Miss Bertha Steeves, an old Victorian Order nurse, who has been for some years teaching in connection with the nursing service of the University of California, has been appointed assistant to Miss Hall and takes up her duties on the 21st of October.

Miss Wallace, of the Toronto staff, has been appointed assistant at the Yorkton Hospital, Saskatchewan.

On the outbreak of the epidemic of influenza, the Executive Council met and sent a letter to all their branches, asking them to assist in every way with the care of the afflicted people. Under ordinary circumstances the V.O. do not take care of contagious diseases. Some very fine work has been done by the various branches. At Sherbrooke, Quebec, they had one nurse who was ill and was going into a hospital. A nurse was sent to relieve her, and one other nurse was sent in by the chief superintendent. Miss Munt postponed her own illness and opened an emergency hospital, which was filled to overflowing with very serious cases, as Sherbrooke suffered very heavily from the epidemic. The members of the local committee served in the hospital as V.A.D's. The president of the organization was a graduate before her marriage, and she went out each day on the district, taking care of the maternity cases. The Order has reason to be proud of this effort. At the Ottawa branch, Miss Hall's eight nurses were making 60 visits a day.

Mrs. MacRoberts, the school and child welfare nurse at Cobalt, Ontario, was moved to Brantford to take up the same work.

Miss Hettie Crowe, an old Victorian Order nurse, who has been overseas on military duty, returned, and has been appointed matron of the hospital at Melfort, Sask.

Mrs. Montpetit has been appointed child welfare nurse at the Vancouver branch.

Miss Forshaw has been appointed head nurse at Saanich, B.C.

The chief superintendent is going West, the last of October, to see about letting the contract for a hospital to be built at Vanguard, Sask., and from there she goes on to inspect the branches in British Columbia.

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four

months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 104 Sparks Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The annual meeting was held in the Club rooms on Tuesday afternoon, October 8th. There was a small attendance on account of the influenza epidemic, which prevented many of the nurses from attending.

Every nurse in the city has been busy for the last few weeks—many of them doing their bit to combat the influenza epidemic, which has been very severe in our midst. Several have had to give in and become patients themselves. One has already died at the General Hospital—Miss McClurg, a faithful member of our association, who was only elected a member of the executive at the annual meeting.

LIFE AND WORK—A NEW YEAR THOUGHT

While we work, there's chance for giving;
While we give, life's worth the living;
While we live, there's room for growing;
While we grow, there's time for sowing.
Watchful care and faithful keeping—
When we've sown, there's hope for reaping.

RUTH ROYCE,
State Normal School, California.

When you can't remove an obstacle, plow round it.

News from The Medical World

By Elizabeth Robinson Scovil

Value of Orange in Infant Feeding

Orange juice has long been recognized as of importance in the diet of infants on account of its anti-scurbutic qualities. It has been found that an infusion of orange peel is as valuable as the juice. The peels are washed, grated and soaked in twice their volume of boiling water over night. In the morning the water is strained and is then ready for use, sugar being added if necessary. On account of the high cost of oranges, this is an economy worth remembering. Potato, properly prepared, is also a sovereign remedy for scurvy.

Food Saving

The Nutrition Laboratory of Boston has published the results of some research in this matter. It is stated that many would be benefited by dropping occasionally, or regularly, one meal a day. The use of bran and the liberal consumption of coarse green or cooked vegetables is of considerable value in lessening the cravings of an unsatisfied appetite and in avoiding constipation due to lack of bulk in the diet. The free use of fresh fruit is also of great value. Water drinking before and during the meal takes off the keen edge of the appetite. Eating between meals is an important source of food waste. The weekly candy day should be adopted even for children, unless the use of candy by adults is entirely given up.

Bottled Blood

The *Canadian Medical Journal* says that at the convention of the American Surgical Association a most interesting discussion took place on the recent discovery of so-called bottled blood, known to the medical profession as citrate of blood, which has been used extensively and successfully on the battlefields. Sir Arbuthnot Lane told the delegates that when the Third British Army was forced to retreat in Northern France, thirty bottles of citrate of blood had been captured by the Germans. Major W. J. Mayo, of Rochester, Minn., said that he had already enlisted a hundred persons of pure blood who will gladly offer their blood for the treatment of American wounded. Military surgeons prefer to take the blood of men who are slightly wounded and are convalescing in hospitals behind the lines, rather than employ civilians for this purpose.

Babies' Eyesight

On the birth certificates used in some of the States this question appears: "Were precautions taken against opthalmia neonatorum?" And in New York State a special clause is added: "What preventative for

opthalmia neonatorum did you use? If none, state reason therefor." Failure to answer these questions renders it unlawful to try to collect, by process of law, bills or charges for professional services in connection with the case.

This is an attempt to prevent blindness which follows infection of the eyes from venereal discharges at the time of birth. Nearly a quarter of the cases in one school for the blind were due to this cause, and the whole amount of preventable blindness is appalling.

Ontario has enacted legislation covering this subject. Every province in the Dominion should do likewise, and nurses should do all they can to help bring it about.

An assistant obstetrical surgeon at the Toronto Western Hospital says there is one means of saving the babies' eyesight—universal prophylaxis.

The eyes of *every* new-born child should be treated. Either two or three drops of a one per cent. solution of nitrate of silver, or a 40 per cent. solution of argyol, should be carefully dropped into the eyes. This does no harm if infection is not present, and neutralizes it if it is.

It is said that a large proportion of our adult male population have, or have had, venereal disease. A doctor says, in view of these conditions, he puts several drops of a freshly made 25 per cent. argyol solution into the eyes of every baby as a part of his obstetrical work, without consulting the parents, so no one's feelings are hurt.

Gas Pains Following Operation

There is a strong plea in the *Journal of the American Medical Association* for the discontinuance of giving castor oil, or other strong laxatives, to patients before operating on the abdomen. It has been abundantly proved that when the patient is not starved and purged there is comparatively little suffering from tympany and distress in the bowels. Emergency operations, in which there is no time for preparation, recover with little abdominal distress. It has been proved by experiments on animals that, when the misenteric circulation is interfered with, an enormous accumulation of gas takes place. The purged intestine is deficient in its power of gas absorption, and hence is a menace and not an asset in the post-operative stage.

Preservation of Child Life

A movement is on foot in the United States to give to women better care, both during pregnancy and at the time of confinement. In view of the enormous loss of life constantly taking place upon the battlefield, it is of vital importance to Canada, as a nation, that every child born should survive. Many lives are now lost for want of prenatal care; and many mothers, as well as infants, are lost from the same cause at child birth.

This is a nation-wide war problem, and it should be met and solved. The Government cannot spend money in a better way than in preserving

its most valuable asset, the future voter, without whom the country cannot be developed or hold its place in the family of nations.

Women are willing to be supervised, and anxious for this care if they can get it.

There should be free maternity clinics, where there is sufficient population; and in the country women physicians appointed for each district to give prenatal care, advice and examinations. In rural districts there should be central maternity hospitals and nurses who would be available for outlying settlements, or isolated settlers, too remote to make use of the hospitals. No child should be born in Canada beyond the possibility of receiving skilled care and attention at the time of birth. It should be provided from the public funds as a national duty. Alberta has led in this matter.

Infants' Stools

In a series of observations carried out on several hundred cases at the University of Minnesota Hospital, it was found that during the first weeks of life the average baby had two, or very often only one, movement a day. It was the overfed infant alone who had five or six during the twenty-four hours.

The Fireless Cooker

A writer in a medical journal urges physicians to instruct people in the use of the fireless cooker as ensuring more thorough and savory cooking, while saving fuel. As the most must be made of the limited materials at our command, every housewife should be an excellent cook and skilled in the use of left-overs, that they may be transformed into appetizing dishes.

The Value of Water

G. W. Crile, the famous surgeon, has recently remarked, in reference to feeding after an operation, that even at this stage of medical knowledge the supreme value of water is not fully appreciated and its administration is often neglected, or mismanaged.

Milk and Other Protein Foods

The New York City Department of Health states, in its weekly bulletin, that with bottled milk at 14 cents a quart, 1 cent buys 46 calories (fuel food), including 1/15 ounce of protein (building food). For porterhouse steak at 35 cents a pound, 1 cent buys 30 calories of fuel food, including 1/15 ounce of protein. With eggs at 60 cents a dozen, 1 cent buys 16 calories of fuel food, including 1/30 ounce of protein. At these prices, one quart of milk supplies as much food as 10 ounces of porterhouse steak, or eight eggs.

Before Operation

Dr. Robert T. Morris, an eminent New York surgeon, says a cup of tea or coffee given to a patient in advance of an operation gives a feeling of resistance which does not belong to an empty stomach.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

The demand for experienced public health nurses results in the constant withdrawal of nurses from the older organizations.

During the past few years the Department of Public Health in Toronto has lost twenty-four members of its staff to other public health or welfare work: Board of Education, 1; Department of Public Health, 4; Industrial, 7; Day Nurseries, 3; Mission Field, 1; Patriotic Fund, 3; Pension Board, 2; Invalided Soldiers' Commission, 3.

Nova Scotia

Two baby clinics have been successfully established in Halifax. They are respectively in charge of Miss Jardine and Miss Holt.

MILK IN THE SICK ROOM

Many will agree with Dr. Parker, of Bristol, whose note on the need for a cheap and easily prepared substitute for milk in the dietary of sick adults during the present shortage, that the British custom of giving large quantities of milk to almost all invalids, without discrimination, has little to be said for it except on the score of convenience. The existing scarcity of milk gives a good opportunity for reconsidering the habit of regarding milk as a staple food for the sick. It has grown up in recent times only, but has now become very much a matter of routine, especially in hospitals. The malted oatmeal drink suggested by Dr. Parker may or may not prove an ideal substitute, but it will serve at least as a basis for further experiment. The general use of a palatable and easily digested thirst-quenching beverage, easily made at low cost, would release for butter-making large quantities of milk now consumed in hospitals and sick-rooms. Apart from this aspect of the matter, there is the curious delusion, common in nurseries and wards, that milk quenches thirst. How many thirsty children and fevered patients have been made miserable by cloying draughts of undiluted milk, when all they asked for, or needed, was a drink of cold water! Milk given as a food to infants and young children is, of course, quite another matter.

Brit. Med. Journal, pps. 53 and 64 Jan. 12, 1918.

Lice on Flies

A German writer asserts that body lice have been repeatedly found clinging to the ordinary house fly.

The Diet Kitchen

By Elizabeth Robinson Scovil

A famous French chef from one of the great New York hotels recently visited Canada, and the subject of most of his talks and demonstrations was the less-esteemed parts of the animals used for food—pigs' trotters, or feet; calves' brains and livers; tripe, which is made from the large intestine and lining of the stomach; and beef hearts, which are delicious stuffed, steamed for three hours, then browned in the oven, and served with a good gravy. The chef contended that war-time economy required the use of all these edibles, and that only prejudice prevented them from being properly appreciated.

Tongue, kidneys and sweetbreads have long been considered delicacies, and the latter are particularly suitable for invalids. Those of veal are the best. They are two large glands, lying along the back of the throat and in the breast of calves and lambs. It consists of two parts, connected by tubes and membranes. The round part lying nearest the heart is firmer and more desirable. The pancreas is sometimes sold as a sweetbread.

Sweetbreads spoil quickly. They should be put in cold water for an hour and then into boiling water, with a little salt and a dash of vinegar, and parboiled for twenty minutes. After draining, they should be covered with cold water to keep them white and firm. They are then ready to be cooked in any way desired. They can be split, sprinkled with salt and pepper and broiled on a toaster, or gridiron, for five minutes. A cut lemon may be served with them.

Some persons prefer them rolled in fine bread crumbs, egg and crumbed a second time, then fried in deep fat, or done quickly in a frying pan with a little butter. They can be cut in pieces and creamed in white sauce, or baked in the white sauce in a scallop tin and covered with buttered crumbs.

To prepare calves' brains, remove the red membrane and soak in cold water. Put them into a pint of boiling water with a little vinegar, or lemon juice, and salt. Boil for ten minutes; then put into cold water. They can then be dipped in butter and fried, or cut in pieces and creamed. This dish should be served as braegen, the Anglo-Saxon word for brains, to avoid unpleasant associations.

Many persons are very fond of kidneys, and, if properly cooked, they are a suitable dish for the convalescent. They should be carefully cleaned, the skin being removed, and stewed in a casserole in the oven for five or six hours. When perfectly tender, make a good brown gravy, using the water in which they were cooked, and put the kidneys in it.

It is not generally known that the hearts and gizzards of chickens make a delicious dish, cooked in the same way. They require about eight hours' slow cooking. Good broth can be made from the necks of chickens, the part cut off when the fowl is dressed.

If broth of any kind seems watery and lacking in substance, boil a little rice soft and press through a strainer into it, or add a very little flour, wet with cold water and rubbed smooth. A trifle of thickening and judicious seasoning will render any soup acceptable.

In England each person is allowed only one pound and a quarter of meat per week, a very small allowance when we remember our own scale of consumption. Though we are not obliged to calculate as closely, it should be our pride to save meat in every possible way, that there may be more left for our Allies.

Sick people, especially convalescents, who have much leeway to make up, or those suffering from wasting diseases, require a generous diet; and the ingenious nurse, whose heart is in her work, will manage to give it to them at the least possible cost.

Meat should be made to lend its flavor to other articles of food, which will help to give the necessary calories without the actual amount of the expensive protein being unreasonably large.

Dumplings

Tiny dumplings can be added to soup or stew, or Yorkshire pudding, baked with roast beef. For the dumplings, take one cup of flour, a pinch of salt, a heaping teaspoonful of baking powder, half a cup of sweet milk. Mix stiff enough to take up in a spoon and drop in the boiling soup, or stew. Cook from ten to twenty minutes, according to size. They should puff up and be light and spongy. Keep the pot closely covered.

Yorkshire Pudding

Beat one egg very light, add a little salt and three-quarters of a cup of milk; beat again; pour a little of the mixture on a scant half cup of flour; when smooth, add the remainder, and beat well; put a little of the fat from the roasting meat in a hot pan, pour in the batter, and bake about fifteen minutes.

A new military hospital is to be built in High Park, Toronto, where 25 acres of land are available. It is to be constructed on the plan of the Ontario Hospital, at Orpington, England. Accommodation will be provided for 1,000 beds. The buildings will be four or five stories, and connected with an administrative building. The hospital will cost about $300,000.00, and two months will be required to get the buildings ready for the reception of patients.

War Notes

It is stated that Canada's contribution to the Red Cross is the greatest per capita in the world. The total contribution is twelve million dollars in money and fifteen million in supplies. Great Britain, with five times the population of Canada, only made twice as large a contribution in cash, and her contribution of supplies was not twice what ours was.

The American Red Cross has given $500,000.00 for the relief of Canadian soldiers at the Front. The War Council sent with the gift a copy of the resolution adopted. It said the American people profoundly and gratefully admired the devotion of the Canadian people and the armed forces of Canada in the great war, and are deeply appreciative of the spirit of heroism and self-sacrifice with which so many Americans have fought and died as members of the Canadian forces during the past years, and it is highly appropriate that the American Red Cross should extend to the Canadian soldiers a measure of assistance towards their relief and comfort. Such tribute cannot be translated more serviceably or appropriately than by a gift through the Canadian Red Cross, and it is the desire of the American Red Cross to afford substantial recognition of the sentiment of brotherhood and sympathy which pervades this country in this present crisis of human affairs.

In the war museum in the Royal College of Surgeons, London, there is a section belonging to the Canadian Army Medical Corps. At the beginning of this war surgeons were very ignorant of the kind of injuries they would have to treat, as no collection of data had been kept in earlier wars. The Government has now taken an interest in the matter, and specimens have been arranged which will form a record and be of the greatest assistance to the Army Medical Corps. At the end of the war Canada will have an excellent collection.

The *Democrate,* of Geneva, states that during a raid on Mannheim by British airmen the Emperor William, Field Marshal Duke Albrecht of Wurttemburg, and Prince Stephen of Schaumberg-Lippe were staying at the Royal Palace in the town. The Kaiser and his staff took refuge in the cellar and escaped unharmed. It is gratifying to know that they experienced the same alarm as they had been instrumental in inflicting on the people of London and other undefended English towns.

Six Canadian nurses received the Military Medal for bravery during enemy air raids. Matron Edith Campbell, of Pointe Claire, near Montreal, attended wounded sisters regardless of personal danger. Leonora Herrington, Napanee, Ontario, remained on duty through the entire night. Her courageous personal example was largely responsible for the maintenance of discipline and efficiency. Lottie Urquhart, New Glasgow, Nova Scotia, continued to attend the wounded, although four bombs fell

in her ward. Her courage and devotion were an inspiring example. Janet Mary Williamson, Grenville, Quebec, displayed exceptional coolness in a badly damaged ward, sustaining patients and ensuring their evacuation. Meta Hodges, Hamilton, and Eleanor Jean Thompson, Valleyfield, Quebec, though both injured by a falling beam, with great presence of mind extinguished overturned oil stoves and later helped to remove patients.

Spagnum moss grows profusely on the hills about Prince Rupert, B.C. At the request of the Red Cross in Toronto, the citizens of Prince Rupert gathered a carload and forwarded it. The value of spagnum moss as a dressing was learned from the Indians of the north country, who have used it for centuries in various kinds of dressings. It is an excellent substitute for absorbent cotton, and its use will save thousands of tons of cotton.

Liberated Palestine is to be governed under the agreement made between the British, French and Russian governments in 1916. France is charged with the preparation of a scheme of self-government for the people of the Holy Land.

The inhabitants of Lithonia, one of the Russian border provinces seized by the Germans under the treaty of Brest-Litovsk, have addressed a formal protest to all the nations of the world against their fate, as they have appealed to the German Chancellor in vain. They vehemently protest against their oppression, and declare they do not want to share the fate of Alsace-Lorraine.

Many of the horrible weapons used in this war are only amplifications of ancient devices. The Chinese used the stink-pot, which answers to poison gas. Greek fire was more terrible than the liquid fire, sprayed first by the Germans. Shrapnel is a development of grape-shot used in the 18th century; the star shells, of fire balls, used by the Chinese, which burst into flames in the air and burned for half an hour. The metal eye-protectors worn today against shrapnel were suggested by the pierced visor.

THE LIGHT OF LIFE

I know not what shall be,
But fear dwells not with me,
For in Him
When earth-lamps all are dim,
The light of life I see—
Love
Above
All things this earth upon,
And I follow Him
Trustingly
On and on.

—THOMAS CURTIS CLARK, in *The Living Church*.

Hospitals and Nurses

NOVA SCOTIA

Miss Luxon, superintendent of the Victorian Order of Nurses, and Miss Read, of the School of Nurses, have been elected representatives of the association on the C.N.A. public health committee. Miss Luxon has just returned from a vacation spent in Ontario. Her work has been especially arduous owing to the increased responsibility following the Halifax disaster.

Much interest has been manifested in the marriage this month of Miss Annie Gleaves, who has for several years been the popular superintendent of the Victorian Order of Nurses in Dartmouth. It is hoped, as Mrs. Himmelman, she will continue to act on the public health committee of the Nurses' Association, where her efficient assistance has been of great service.

Miss Kendal, V.O.N., in charge of the School of Nursing at Truro, N.S., spent her vacation in Halifax.

The last of the emergency hospitals administered by the Relief Commission has been closed, and the building is being restored to its original purpose as the Thoms Street School.

A new convalescent home for victims of the explosion has been opened in Dartmouth. A few patients, too hopeless for the convalescent home, were transferred to the Victoria General Hospital.

Miss D. Cotton, graduate of the Royal Victoria Hospital, Montreal, and a member of the McGill Unit, 1915, has been appointed matron of Camp Hill Hospital, Halifax.

Miss Flora Fraser, who has been acting matron of Camp Hill Hospital, Halifax, for the past year, has received the sad news of the death of her sister, Miss Betty Fraser, in Montreal, from Spanish influenza. We extend our deepest sympathy.

About fifteen sisters from the different military hospitals were sent to Sydney recently to cope with the epidemic of Spanish influenza in that city. Most of them have since returned, the epidemic having somewhat abated and so many new cases in Halifax requiring their services.

Miss Flick, a graduate of the V.H.H., Halifax, died recently from Spanish influenza. She had been acting as night supervisor, in the absence of Miss Pemberton, who, with many others, had gone to Massachusetts to help nurse Spanish influenza in that State. Most of them have since returned.

The V.O.N. have moved to their new home on Gottingen Street. They have been working day and night, and were obliged to ask assistance from the "Woman's Council House"—for broths, custards, etc., to help them in their work.

Nursing Sister Florence Fraser, of Camp Hill, has been transferred to Windsor, temporarily, and Nursing Sisters Manning and Talbot are doing duty at a temporary hospital erected on the common.

Nursing Sister Mackay, of Baddeck, Cape Breton, has returned from France, where she had been working since 1915 with the American Red Cross. Nursing Sister Macleod, of Baddeck, is also at home on leave.

Nursing Sister Davies, of Pine Hill Convalescent Home, is seriously ill at the Station Hospital. Her many friends hope she will soon be well again.

The registry of the N.S.G.N.A. has been moved to the "Infants' Home" and is under the able direction of the matron, Miss Barrington, who is also president of the association for the ensuing year.

* * * *

NEW BRUNSWICK

On account of the influenza epidemic in St. John, no public meetings or gatherings are allowed. Therefore the monthly meeting of the N.B.A. of G.N., also the annual meeting of the G.P.H. Alumnae, which was to be held this month, were not able to be held.

Two of the graduate nurses in the G.P.H. are ill with influenza. Seven nurses at the Military Hospital are also down with the sickness.

* * * *

QUEBEC

Royal Victoria Hospital, Montreal

Sergt. Robert Spall Wins Victoria Cross

All Royal Victoria Hospital graduates will read with especial interest the following account of Sergt. Robert Spall's winning of the highest and most coveted military honor, the Victoria Cross. Sergt. Spall was the son of Mr. Charles Spall, who for twenty-five years has held faithful and efficient charge of the storeroom at the R.V.H. Another son, Charles Spall, Jr., is with an American company. Sergt. Spall, who was twenty-eight years old, went overseas in August, 1915, with the Winnipeg 90th Rifles, and gave up his life for his country on August 13, 1918. We of the R.V.H. extend our sincere sympathy to Mr. Spall in the loss of his son, and our appreciation of Sergt. Spall's wonderful bravery and self-sacrifice:

"London, October 28.—Four new Victoria Crosses have been awarded, three of them to Canadians.

"Sergt. Robert Spall, late of an Eastern Ontario regiment, is decorated for the most conspicuous bravery and self-sacrifice when, during an enemy counter-attack, his platoon was isolated. Spall took a Lewis gun and, standing on the parapet, fired upon the advancing enemy, inflicting very severe casualties. He then came down from the trench and directed

the men into a sap 75 yards from the enemy. Picking up another Lewis gun, this gallant non-commissioned officer again climbed the parapet and by his fire held up the enemy. It was while holding the enemy up at this point that he was killed. Spall deliberately gave his life in order to extricate his platoon from a most difficult situation, and it was owing to his bravery that the platoon was saved."

Mrs. Lorne Rowley (Olive Simpson), who has spent the last four years in Jamaica, B.W.I., is visiting her parents in Arnprior, Ont.

Recent visitors at R.V.H. include: Nursing Sister Mabel Lindsay, of Fredericton Military Hospital, and Nursing Sister Jean McKibbon, of St. John, N.B., Military Hospital. Both were on sick leave and en route to their respective homes in Ontario.

One of the most deplorable deaths of the recent epidemic is that of Nursing Sister Agnes Alpaugh, which occurred at Fredericton Military Hospital on October 12th. Miss Alpaugh was a graduate of the class of 1916. The interment took place at St. John's, Quebec, where a full military funeral was accorded the remains.

Miss Imogen Pearson is convalescing from influenza at her home in Buckingham, P.Q.

Miss I. MacGregor, who contracted influenza while nursing at St. John's, Que., is at her home, Douglas, Ont., on sick leave.

Over fifty nurses in training have been off duty, suffering from more or less severe attacks of influenza. All are now convalescent. Many of our graduates have been assisting the nursing in the isolated influenza wards.

* * * *

ONTARIO

KINGSTON

The regular meeting of the Kingston Chapter of the Graduate Nurses' Association of Ontario was held in the nurses' residence on Tuesday afternoon, October 1, 1918. The president, Mrs. Samuel Crawford, presided. The report of the visiting committee was given by Miss

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Martin. Mrs. Stewart Crawford and Mrs. Samuel Crawford were appointed to visit sick nurses in October.

Nursing Sister Abernethy, of Queen's Military Hospital, gave an interesting talk on "Hospital Social Service Work," this being her line of work before going overseas.

It was with regret the Chapter learned of the illness of Miss Catherine Fairlie, in the Toronto General Hospital. Miss Farlie is a graduate of the Kingston General Hospital, also a resident of Kingston. Her vacation was being spent in Toronto.

* * * *

BRITISH COLUMBIA

Miss Maud Parr, graduate of the Vancouver General Hospital, has accepted the post of night superintendent of the Royal Alexandra Hospital, Edmonton, Alberta.

During this influenza epidemic several emergency hospitals have been established in Vancouver and in the neighboring municipalities. The auditorium of the University, King Edward High School, Strathcona School, and one in South Vancouver and in Point Grey, have all been busy trying to cope with the sick cases. Several schools have been used by the domestic science teachers, in conjunction with the I.O.D.E., to provide nourishing food for the stricken families. All training schools have been practically depleted of their staff. Seven nurses in training at St. Paul's Hospital, Vancouver, and two of the Sisters have died.

Miss Mary Wilson, graduate of the V.G.H., has left for a visit to her brother in Moose Jaw, Sask.

There is still a good deal of the influenza up the coast. The Columbia Coast Mission has hospitals at Van Anda, Rock Bay and Alert Bay, and the Rock Bay and Alert Bay hospitals are filled to the limit. Rev. J. Antle is confined to the mission ship Columbia, being touched with the grippe himself. One of the nurses at Alert Bay was laid up for several days, but is now getting better. Two of the nurses at Rock Bay were taken ill with the influenza, and it was thought both were getting on all right; but though one is getting about again, the other, Miss R. R. Fry, died. She was very highly esteemed by all who knew her, and her loss will be keenly felt. The body is being shipped to her parents, who live in Tees, Alberta.

Marriages

MERRITT-SMALL—On September 1st, 1918, at the home of the bride's parents, St. John, N.B., Miss Georgia Margaret Small to Mr. A. S. Merritt. Mrs. Merritt is a G.P.H. graduate, 1914. Mr. and Mrs. Merritt will reside at 254 Main Street, St. John, N.B.

McKelvie-Holder—On September 11th, 1918, at the Portland Methodist Church, Miss Margaret Louise Holder to Fenwick Murray McKelvey. Mrs. McKelvey is a G.P.H. graduate, 1913. Mr. and Mrs. McKelvey will reside at 83 Elliott Row, St. John, N.B.

McKay-Akerley—On October 3rd, 1918, at the home of the bride's parents, Bridge Street, St. John, N.B., Mlidred Akerley to the Rev. William Kemp McKay. Mrs. McKay is a G.P.H. graduate, 1913. Rev. and Mrs. McKay will reside at Marble Mountain, Cape Breton.

Duff-Dickinson—At Montreal, October 23rd, Violet Dickinson (R.V.H. 1915) to Mr. Peter M. Duff, of St. John's, Nfld.

Taylor-Byers—At Chattanoga, Tenn., September 21st, Mary Isabella Byers (R.V.H. 1918) to Lieut. Alan B. Taylor, U.S.M.C. (at home Dodge Hotel, Rossville, Ga.).

MacDonald-MacArthur—At Packenham, Ont., September 26th, Josephine Alberta MacArthur (R.V.H. 1917) to Capt. Ashley MacDonald, C.A.M.C.

Crowder-Waddington—A wedding of interest to many took place in San Francisco on Thursday, October 31st, Rev. C. L. Thackeray officiating, when Marguerite Crowder, only daughter of Mrs. J. S. Crowder, 1646 Beach Avenue, Vancouver, and a recent graduate of Vancouver General Hospital, was united in marriage to Capt. John Waddington, 29th Battalion and 6th M. G. Co., eldest son of Mr. and Mrs. F. G. Waddington, South Croydon, England. After a short honeymoon spent in Southern California, the couple will reside in San Francisco.

Deaths

Buhlman—At St. Joseph's Hospital, Hamilton, Ont., October 4th, 1918, Marie Rose Buhlman. Miss Buhlman was a pupil nurse at St. Joseph's Hospital, and her loss will be deeply felt by her fellow-nurses and friends.

Moberly—At the Military Hospital (temporary), Coquitlam, B.C., of influenza, October 26th, 1918, Nursing Sister Marjorie E. Moberly, graduate of the Royal Jubilee Hospital, Vernon. Sister Moberly had a military funeral, the services being conducted by Rev. the Major C. C. Owen, and was buried in Mountain View Cemetery, Vancouver.

Alpaugh—Nursing Sister Agnes Alpaugh, at Fredericton Military Hospital, October 12th, 1918. Nursing Sister Alpaugh was a graduate of the Royal Victoria Hospital, Montreal, 1916.

Harrison—At Toronto, October 26th, 1918, Marjorie Harrison (Royal Victoria Hospital, 1915), of influenza.

Crawford—At Anyox, B.C., October 31st, 1918, of influenza, Laura Fern Crawford (Vancouver General Hospital, 1918), daughter of Mr. and Mrs. W. J. Crawford, 1657 Pandora Street, Vancouver, B.C.

McMILLAN—At the Vancouver General Hospital, October 18th, 1918, Etta Mary Duff, wife of Dr. Hugh McMillan, Vancouver, and niece of Capt. and Mrs. Holmes-Newcombe, Vancouver. Mrs. McMillan was a graduate of the Vancouver General Hospital.

WARDELL—At St. Thomas, on Friday, October 25th, 1918, Elva Melissa Wardell, daughter of Mr. and Mrs. Wardell, Middlemarch, Ont. Miss Wardell was a graduate of the Amasa Wood Hospital, St. Thomas, Ont., 1916.

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